

HOSPITAL NAME: _____

**S.H.A.R.E. Program
Cardiac Arrest Center Data Form**

For each out-of-hospital cardiac arrest transported by EMS to your facility, please complete this form. Send all completed forms to Lani Clark using the method of your choice: email: lanic@email.arizona.edu; fax: 520-626-2201; or mail: University of Arizona Sarver Heart Center, 1501 N. Campbell Ave. PO Box 245046, Tucson, AZ 85724.

Patient Name: _____ **Gender:** M F

Last **First**
Patient DOB: ____/____/____ Date of Incident: ____/____/____ Time arrive ED: ____:____

On arrival ED: _____ Intubated: Yes ☐ No ☐
Pulse BP Spont. RR cardiac rhythm

HOSPITAL DATA: Eligible for therapeutic hypothermia? Yes ☐ No ☐

- If no, why? ☐ >60 minutes of CPR prior to ED arrival
☐ regained consciousness
☐ no return of spontaneous circulation/lost spontaneous circulation
☐ other: _____

Was therapeutic hypothermia initiated in the Field ☐ ED ☐ ICU ☐?

What method of therapeutic hypothermia was used?

(check all that apply and indicate where: P=Prehospital E=Emergency I=ICU)

Ice ☐ cold IV fluids ☐ cooling blanket ☐
intravascular catheter ☐ external cooling ☐ other ☐

Did patient receive emergency cardiac catheterization? Yes ☐ No ☐

Did patient receive vasopressor agent? Yes ☐, what agent(s): _____ No ☐

NEUROLOGICAL ASSESSMENT: GCS upon arrival in the Emergency Department _____

TIME ELEMENTS:

Time of ROSC: ____:____ Time cooling started: ____:____ Time to Cath Lab: ____:____

Time arrive ICU: ____:____ Time warming started: ____:____

IF CARE TERMINATED: Time? _____ By Whom (name)? _____

ADVERSE EVENTS AS INPATIENT: None ☐ Infection ☐ Bleeding ☐ DVT ☐ Hyperkalemia ☐
Other: _____

OUTCOME: Discharged alive ☐ Death ☐ Date of D/C or death: _____

Cerebral Performance Category (CPC) Score (see attached scale) on discharge (circle): 1 2 3 4 5

Organ Donation? Yes ☐ No ☐

Did patient receive ICD on discharge? Yes ☐ No ☐

Suspected CAUSE OF INITIAL CARDIAC ARREST: _____

Cerebral Performance Categories Scale

CPC Scale

Note: If patient is anesthetized, paralyzed, or intubated, use “as is” clinical condition to calculate scores.

CPC 1. Good cerebral performance: conscious, alert, able to work, might have mild neurologic or psychologic deficit.

CPC 2. Moderate cerebral disability: conscious, sufficient cerebral function for independent activities of daily life. Able to work in sheltered environment.

CPC 3. Severe cerebral disability: conscious, dependent on others for daily support because of impaired brain function. Ranges from ambulatory state to severe dementia or paralysis.

CPC 4. Coma or vegetative state: any degree of coma without the presence of all brain death criteria. Unawareness, even if appears awake (vegetative state) without interaction with environment; may have spontaneous eye opening and sleep/awake cycles. Cerebral unresponsiveness.

CPC 5. Brain death: apnea, areflexia, EEG silence, etc.

Safar P. Resuscitation after Brain Ischemia, in Grenvik A and Safar P Eds: Brain Failure and Resuscitation, Churchill Livingstone, New York, 1981; 155-184.